

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

08 OCT +3 AM 9: 30

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE STATE OF IDAHO

Buhl Wi	nkles 		
The true name(s) and business address(es) of business under the assumed business name:		y or individual(s) o	gniot
Name	Complete Address		
G & D Legler LLC W 77684	119 Broadway Ave S., Buh		, ID 83316
Donna L Legler	119 Broadway Ave S., Buh		, ID 83316
3. The general type of business transacted under	er the assi	umed business na	me is:
Retail Trade Transportation a Wholesale Trade Construction	nd Public	Utilities	
Services Agriculture		Submit Certificate	of
☐ Manufacturing ☐ Mining		Assumed Busines	
Finance, Insurance, and Real Estate		Name and \$25.00	fee to:
4. The name and address to which future		Idaho Secretary of S	state
correspondence should be addressed:		450 N 4th Street	
·		PO Box 83720 Boise ID 83720-008	o
Donna L Legler			
119 Broadway Ave S		(208) 334-2301	
Buhl, ID 83316	<u>L</u>		
5. Name and address for this acknowledgment copy is (if other than # 4 above):	t	:	
		Secretary of Sta	4 a.h.
ignature.	g konplumstatin formstatin p65 Revised 04/2003	Secretary of Sta	te use only
rinted Name: Donna L Legler	formstabn form: Revised 04/2003	אסמד	O SECRETARY OF STAT
apacity/Title:Partner	Respondence	16/6	3/2000 06.
(see instruction # 8 on back of form)	3 56	1 8 25.80	CT: 205127 BH: 11 = 25.00 ASSUM N

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